

Survey Tool Development Requirements Complete and return this form to creative@gta.ga.gov or fax it to 404-657-7956.

	Section 1: A	gency Informatio	n		
Requesting Agency:					
Requested By: Name: Phone:		Title: Email:			
Brief Description of Requipment Join georgia.gov Other:	est:				
	Section :	2: User Set Up			
Provide details about the user(s) you want created as Survey Creators for your agency. In the Release Notes column, indicate "yes" if user should receive periodic updates on the system.					
Name	Email	Phone	Release Notes		
	ator – Ability to create and m		veys and survey results and statistics;	\rceil	
List the person 'who will be res	sponsible for requesting use	r and template changes.		_	
Template Requestor Name: _					
Does this request affect a			set up? Yes No		
	Section 3: Addit	ional Support Red	quired		
Indicate any support or g need and availability).	uidance you might need	d from GTA (resource	es will be determined based on		
Graphic Creation (for y Training	our logo)				
Please confirm below the purposes:	necessary client confiç	guration for using the	Survey Tool and for training		
WinZip (This is the for	mat the system exports th	he survey data to)			
Internet Connection w	ith Browser (5.5 or greate	er for Admin role)			
	or training (does not haven the training sessions)	to be vacant, but shou	uld allow enough space for several		

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